



DIVISION OF ALCOHOL AND SUBSTANCE ABUSE (DASA)  
**DASA TARGET AGENCY STAFF**

AGENCY NUMBER
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SECTION I: STAFF PERSONAL INFORMATION																																											
1. LAST NAME	2. FIRST NAME	3 MIDDLE NAME	4. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female																																								
5. DATE OF BIRTH		7. STAFF IDENTIFICATION																																									
8. RACE/ETHNICITY (CHECK A MAXIMUM OF FOUR THAT APPLY)																																											
<table border="0"><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Middle East</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Black/African American</td><td><input type="checkbox"/> Native American</td><td colspan="2">Tribal Code (No. 1) _____</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Other Asian</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Other Pacific Islander</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Other Race</td><td colspan="2">Tribal Code (No. 2) _____</td></tr><tr><td><input type="checkbox"/> Guamanian</td><td><input type="checkbox"/> Refused to Answer</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Hawaiian</td><td><input type="checkbox"/> Samoan</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> Thai</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Vietnamese</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Laotian</td><td><input type="checkbox"/> White/European American</td><td colspan="2"></td></tr></table>				<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Middle East			<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American	Tribal Code (No. 1) _____		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian			<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Pacific Islander			<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Race	Tribal Code (No. 2) _____		<input type="checkbox"/> Guamanian	<input type="checkbox"/> Refused to Answer			<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Samoan			<input type="checkbox"/> Japanese	<input type="checkbox"/> Thai			<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese			<input type="checkbox"/> Laotian	<input type="checkbox"/> White/European American		
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9. SPANISH/HISPANIC/LATINO (CHECK ONE BOX ONLY)																																											
<table border="0"><tr><td><input type="checkbox"/> Cuban</td><td><input type="checkbox"/> Not Spanish/Hispanic/Latino</td><td><input type="checkbox"/> Puerto Rican</td></tr><tr><td><input type="checkbox"/> Mexican, Mexican American, Chicano</td><td><input type="checkbox"/> Other Spanish/Hispanic/Latino</td><td><input type="checkbox"/> Refused to Answer</td></tr></table>				<input type="checkbox"/> Cuban	<input type="checkbox"/> Not Spanish/Hispanic/Latino	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Mexican, Mexican American, Chicano	<input type="checkbox"/> Other Spanish/Hispanic/Latino	<input type="checkbox"/> Refused to Answer																																		
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10. EMPLOYMENT START DATE		11. EMPLOYMENT END DATE																																									